

**FULBRIGHT FOREIGN STUDENT PROGRAM  
APPLICATION COVER SHEET**

*This form must be included with your completed application.*

**YOUR NAME** \_\_\_\_\_  
(as it appears on your passport)      Last      First      Middle      Title (Mr., Miss, Mrs., Prof., Dr.)

**HOME COUNTRY CONTACT INFORMATION**

Permanent mailing address in your home country: \_\_\_\_\_  
\_\_\_\_\_ Home telephone: \_\_\_\_\_  
\_\_\_\_\_ Office telephone: \_\_\_\_\_  
\_\_\_\_\_ Fax number: \_\_\_\_\_  
\_\_\_\_\_ E-mail address: \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT THE FULBRIGHT PROGRAM?** Please check all that apply.

- ☐ At your local AMIDEAST office (*Please specify how—through a display, advising session, etc.*): \_\_\_\_\_
- ☐ From a former Fulbright grantee    ☐ From a friend    ☐ From a relative    ☐ From a teacher or professor
- ☐ From an advertisement (*Please specify the location of the ad*): \_\_\_\_\_
- ☐ Other (*Please specify how*): \_\_\_\_\_

**PERSONAL INFORMATION**

Marital status: ☐ Single    ☐ Engaged    ☐ Married    Spouse's full name: \_\_\_\_\_

Spouse's citizenship: \_\_\_\_\_ Number of children: \_\_\_\_\_

Number of dependents to accompany/join you in United States: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Please provide the names and contact information of individuals who should be notified in case of an emergency.

In the United States: \_\_\_\_\_  
Name      Relationship to you      Street Address

City      State      ZIP Code      Telephone Number      E-mail address

In your home country: \_\_\_\_\_  
Name      Relationship to you      Street Address

City      State and/or Country      Telephone Number      E-mail address

Does the contact in your home country speak English?    ☐ Yes    ☐ No  
If the contact does *not* speak English, please indicate any language other than Arabic that he/she speaks: \_\_\_\_\_



**FULBRIGHT FOREIGN STUDENT PROGRAM  
APPLICATION FOR STUDY IN THE UNITED STATES**

*The Fulbright Program is sponsored by the United States Department of State Bureau of Educational and Cultural Affairs (ECA)  
AMIDEAST administers the Fulbright Foreign Student Program for ECA*

**YOUR NAME** \_\_\_\_\_  
(as it appears on your passport)      Last      First      Middle      Title (Mr., Miss, Mrs., Prof., Dr.)

Please indicate any other spelling(s) or name(s) you use: \_\_\_\_\_

**U.S. CONTACT INFORMATION**

Fulbright Foreign Student Program  
AMIDEAST  
1730 M Street NW, Suite 1100  
Washington, DC 20036-4505  
Tel: (202) 776-9600  
Fax: (202) 776-7000

(Affix photo here)

**FIELD OF STUDY**

Major Field of Study: \_\_\_\_\_ Degree Objective: ☐ Master's  
Area of Specialization: \_\_\_\_\_ ☐ Doctorate  
☐ Non-degree

**PERSONAL DATA**

Sex: ☐ Male ☐ Female      Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_  
Month/Day/Year      City      Country

Country of permanent legal residence: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Current academic/professional status (student status or job title): \_\_\_\_\_

**REFERENCES**

Please identify the three (3) individuals who will be writing letters of recommendation on your behalf.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_

### PREVIOUS ACADEMIC HONORS

Please indicate any fellowships, scholarships, academic awards, or honors that you have received. If you have produced any publications, please also list them here.

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### EDUCATIONAL BACKGROUND

Please provide complete information about all the educational institutions that you have attended and, if applicable, information about the institution(s) at which you are presently enrolled.

<b>Institution Name (No abbreviations)</b>	<b>Institution Location (City, Country)</b>	<b>Dates Attended MM/YY – MM/YY</b>		<b>Major Field of Study</b>	<b>Degree Received and Date Received*</b>	<b>Grade Point Average**</b>
Primary School:		From:	To:			
Secondary School:		From:	To:			
Post-Secondary Education:		From:	To:			

\* Please identify the name of your degree by the word used at the institution that awarded you the degree. Do *not* provide the name of the U.S. educational system's equivalent. If you have not yet received the degree, please indicate the date (month and year) you expect to receive it.

\*\* Please indicate your Grade Point Average (GPA) according to the system used at the institution at which you studied. Do *not* convert your GPA to the U.S. educational system's equivalent.

Please explain any gaps in your education: \_\_\_\_\_

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Have you ever been dismissed from a university? ☐ No ☐ Yes If yes, please explain why: \_\_\_\_\_

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Name: \_\_\_\_\_

## LANGUAGE PROFICIENCY

Native language(s): \_\_\_\_\_

Number of years of English study: \_\_\_\_\_ Where studied: \_\_\_\_\_

Knowledge of foreign languages, including English (Rate your abilities as Excellent, Good, or Fair):

Language Name	Reading Ability	Writing Ability	Speaking Ability
English			

## STANDARDIZED TEST SCORES

Please indicate your TOEFL, GRE, and/or GMAT scores. For the GRE General Test, please specify your Verbal (V), Quantitative (Q), and Analytical (A) scores.

Test Name	Date taken or to be taken	Score		
GRE		(V)	(Q)	(A)
GRE SUBJECT				
TOEFL				
GMAT				
OTHER				

## EMPLOYMENT EXPERIENCE

Please start with your most recent position. You may also attach a resume or curriculum vitae (CV).

Name of Employer and Employer's Mailing Address	Your Job Title and Responsibilities	Dates of Employment MM/YY – MM/YY	
		From:	To:
		From:	To:
		From:	To:

Name:

### Physical Impairment

Please describe any physical impairment you might have. If you require any special equipment or medical treatment as a result of the physical impairment, please describe it. This information is gathered for statistical purposes and to ensure appropriate placement. The Fulbright Program does not discriminate on the basis of race, color, religion, sex, national origin, and/or physical impairment.

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### ESSAYS: Future Plans and Statement of Purpose

If you are completing a computer application, please insert your essay responses below the appropriate essay question. If you are completing a paper application, please type your essay responses on separate sheets of paper and attach them to your completed application.

#### Future Plans

Please describe the career you plan to pursue after completion of study or research in the United States. Indicate if you will return to your former job, or if you have been selected to fill new position in your home country upon completion of your academic program in the United States. Please explain any plans you may have for continued research in your home country.

#### Statement of Purpose

Please write a clear and detailed description of your academic objectives and the reasons why you wish to pursue them. Discuss your goals both in terms of your field of study in general and within your specific area of specialization. Describe the type of program you wish to pursue and how it relates to your academic and professional background and your objectives for the future. Please keep in mind that the essay will be an essential part of your application for placement into an appropriate program. In your essay do not name specific universities at which you would like to study.

### GRANT SUSPENSION/TERMINATION/REVOCATION

*A grant may be revoked, terminated, or suspended.*

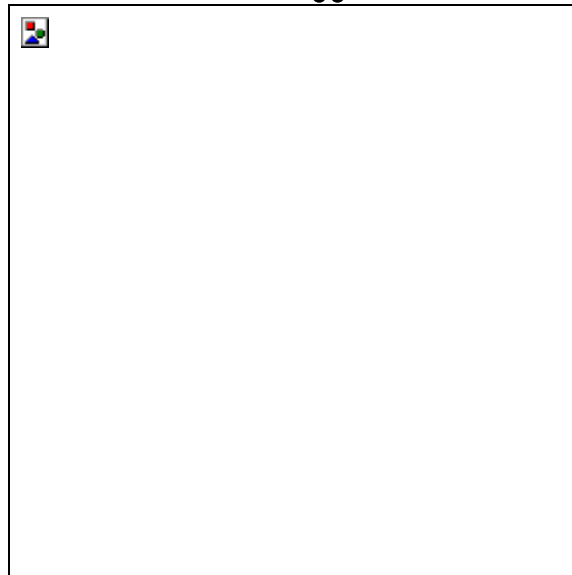
*Grounds for revocation or termination include, but are not limited to: (1) violation of any law of the United States or the host country; (2) any act likely to give offense to the host country; (3) failure to observe satisfactory academic or professional standards; (4) physical or mental incapacitation; (5) engaging in any unauthorized income-producing activity; (6) failure to comply with the grant's terms and conditions; (7) material misrepresentation made by any grantee in the application form or grant document.*

*A grant may be suspended if: (1) the grantee ceases to carry out the project or academic program during the grant period; (2) the grantee leaves the host country without authorization of the Commission/post or supervising agency; (3) conditions in the host country require the departure of the grantee for reasons of personal safety or security.*

### SIGNATURE

By my signature, I certify that, to the best of my knowledge, the information provided in my application is accurate and complete, and that I intend to return to my home country upon completion of my studies in the United States. I have asked AMIDEAST to arrange for my placement at an American university and request that all correspondence be directed to AMIDEAST at the address on the first page of this application. I also authorize any school or university which I have attended or will attend to release my transcripts and any report to AMIDEAST.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FULBRIGHT FOREIGN STUDENT PROGRAM  
RECOMMENDATION FOR GRADUATE STUDY**

AMIDEAST  
BAZERKAN BUILDING, 1ST FLOOR, NIJMEH SQUARE RIAD EL SOLH STREET, BEIRUT  
PHONE: (961)1-989901 ext 160 FAX: (961)1-989901 ext 100

*This letter of reference must be written by a teacher under whom the applicant has studied or pursued research in the proposed field of study or by someone who has supervised the applicant in work related to the proposed field of study.*

**To the Applicant: Please complete Part I of this form before delivering it to your recommender.**

**PART I:**

Name of Applicant: \_\_\_\_\_

Home Country: \_\_\_\_\_ Field of Study: \_\_\_\_\_

**To the Recommender: Please complete Parts II and III of this form.**

**PART II:**

Name and Title of Recommender: \_\_\_\_\_

Contact information (include e-mail if available): \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Months \_\_\_\_\_ Years

How do you rank the applicant among others in his/her field? ☐ Top 5% ☐ Top 10% ☐ Top 25% ☐ Other \_\_\_\_\_%

Using the chart below, please rate the applicant in comparison with others you have known in the same field.

	Outstanding	Excellent	Good	Fair	Poor	Unable to Judge
Academic Performance						

<b>Intellectual Ability</b>						
<b>Motivation</b>						
<b>Potential to contribute to the field</b>						
<b>Resourcefulness &amp; Initiative</b>						
<b>Leadership Qualities</b>						
<b>Ability in oral expression</b>						
<b>Ability in written expression</b>						
<b>Adaptability to new situations</b>						

**PART III:**

Please provide a typed, candid evaluation of the applicant's past academic performance and ability to pursue and successfully complete a program of study in the proposed field. Please state any special qualities, characteristics, or achievements that distinguish the applicant. The universities in the U.S. that will review this student's application will pay considerable attention to your statement. Therefore, please be as complete and detailed as possible in your evaluation. You may substitute a letter on a separate sheet of paper if necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_